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March 2, 1999

Dockets Management Branch (HFA-305) Food and Drug Administration 5630 Fishers Lane, rm 1061 Rockville, MD 20852

Dear Sirs:

I am responding to your request for input in reference to Proposed Rules involving a list of bulk drugs substances that may be used in pharmacy compounding. On review of your list, you have addressed several compounds commonly used in dermatology. I am a dermatologist in the Seattle area.

The first drug I am concerned about losing access is Cantharidin. As you know, this has been a time honored medication using topically for warts and molluscum, particularly in small children, where other therapies, such as electric-needling, or cryotherapy are painful and very expense when multiple lesions are treated. On the other hand, Cantharidin is quite effective and painless and cost-effective at controlling these lesions. has been a time honored dermatologic product for many decades. The other group of medications I am concerned about losing include Dinitrochlorobenzene along with Diphenylcyclopropenone, and Squaric Acid Dibutylester. These three agents are all used in immunotherapy, trying to elicit an immuno response to control recalcitrant warts and for treatment of alopecia areata. are all valuable agents in therapy of these sometimes difficult problems. Please keep in mind that these are generally used in concentrations of approximately 1 in 1,000 and, in my practice, have presented no problems in use for over 20 years.

Thank you for your consideration of the importance of these agents.

Ronald W. Reinhart, M.D.

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Dermatology

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